Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: 01 - MAIN BUILDING 01 A. BUILDING B. WING NVS641HOS 10/14/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2075 EAST FLAMINGO ROAD **DESERT SPRINGS HOSPITAL** LAS VEGAS, NV 89119 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 **Initial Comments** S 000 Surveyor: 25282 This Statement of Deficiencies was generated as a result of a state licensure construction standards survey conducted at your facility on October 14, 2009. The survey was conducted using the authority of NAC 449, Hospitals, last adopted by the State Board of Health on November 17, 2005. The following areas were remodeled: a) Nursing administration; and b) Biplane imaging area. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified: S 071 NAC 449.3154 Construction Standards S 071 2. Except as otherwise provided in this section, any new construction, remodeling or change in the use of a hospital must comply with the Guidelines for Design and Construction of Hospital and Health Care Facilities, pursuant to section 1 of this regulation, unless the remodeling is limited to refurbishing an area of the hospital, including, without limitation, painting the area, replacing the flooring in the area, repairing windows in the area and replacing window or wall coverings in the area. This Regulation is not met as evidenced by: Surveyor: 25282

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 01/26/2010 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: 01 - MAIN BUILDING 01 A. BUILDING B. WING NVS641HOS 10/14/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2075 EAST FLAMINGO ROAD **DESERT SPRINGS HOSPITAL** LAS VEGAS, NV 89119 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 071 S 071 Continued From page 1 Based on observation, interview, and document review, the facility failed to a) complete the plan review process for its administrative area project; b) submit plans for construction and remodeling of the bi-plane project; and c) failed to obtain approval from the Bureau of Health Care Quality and Compliance (BHCQC) for either of the prior mentioned projects before commencing procedures and activities in those spaces. Findings include: 1. The facility remodeled an area to be used for nursing administration prior to getting a plan review approval from P&D Consultants (AECOM) and getting the final approval by BHCQC prior to utilizing the space. Information and/or plans were not resubmitted to include a complete floor plan of the hospital and Life Safety plan as requested by the BHCQC's third party plans reviewer, P&D Consultants, as requested in their letter dated 2/13/09. The nursing administration area was observed completely remodeled and operational on 10/14/09, without the BHCQC being informed by the facility of its completion and use and without the BHCQC's approval. 2. No plans were submitted for approval through BHCQC to P&D Consultants for the construction (and use) of a biplane imaging area. On October 14, 2009, the new biplane imaging area was observed fully operational, without the BHCQC

being informed by the facility of its construction, its completion and its use and without the BHCQC's approval. At 2:20 PM the area was observed providing procedures to a patient. In an interview with the engineering supervisor, on the afternoon of October 14, 2009, he indicated that the contracted construction company was suppose to have submitted all the plans for the

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STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 071	Continued From page 2	S 071		
	biplane project.			
	Note: The facility's failure to notify the BHCQ and submit plans for projects prior to construis a reoccurring issue. Plans for the creation the hyperbaric suite (4th quarter 2008) and for remodeling of the dietary department (June 2 required the BHCQC to contact and pursue to facility to submit plans for those construction projects.	action of or the 2009) the		
	SEVERITY: 2 SCOPE: 3			